



Sponsorship Commitment

YES, we will sponsor The Native American 40 Under 40 10th year Anniversary Celebration on October 29th -30th, 2018 at River Spirit Casino Resort in Tulsa, OK to support the continuing mission of the National Center for American Indian Enterprise Development.

SPONSORSHIP DEADLINE IS OCTOBER 15TH FOR INCLUSION IN THE CONFERENCE PUBLICATION

Level: _____ Date: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Presenting Sponsor - \$15,000 | <input type="checkbox"/> Award Dinner Sponsor - \$2,500 | <input type="checkbox"/> Breakfast Sponsor - \$1,000 Breakout |
| <input type="checkbox"/> Diamond Sponsor - \$10,000 | <input type="checkbox"/> Award Dinner Table - \$899 | <input type="checkbox"/> Session - \$1,000 |
| <input type="checkbox"/> RES TV - \$10,000 | <input type="checkbox"/> Bronze Sponsor - \$2,500 | <input type="checkbox"/> Afternoon Break Sponsor - \$500 |
| <input type="checkbox"/> Native Edge Sponsor - \$10,000 | <input type="checkbox"/> Registration Sponsor - \$2,500 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gold Sponsor - \$7,500 | <input type="checkbox"/> Luncheon Sponsor - \$2,500 | |
| <input type="checkbox"/> Silver Sponsor - \$5,000 | <input type="checkbox"/> Scholarship Sponsor - \$2,000 | |
| <input type="checkbox"/> Welcome Reception - \$3,000 | <input type="checkbox"/> Daily Wi-Fi Sponsor - \$1,000 | |

PLEASE COMPLETE THE FOLLOWING INFORMATION

Tribe/Company: _____
 Contact Person: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Ext: _____ Fax: _____
 E-mail: _____ Additional E-mail: _____

**PLEASE MAIL THIS FORM ALONG WITH PAYMENT TO:
 OR EMAIL THIS COMPLETED FORM
 TO ERIN AT ERIN@NCAIED.ORG**

**NCAIED
 953 East Juanita Ave.
 Mesa, AZ 85204**

TO PAY BY CREDIT CARD PLEASE CONTACT SUSANNE AT 480.550.9874 (DO NOT LEAVE NUMBER ON VOICEMAIL)
 All submissions for sponsorship recognition related to the conference must comply with the definition of Qualified Sponsorship Payment, as defined by IRS Publication 598.

NCAIED STAFF USE ONLY [PLEASE DO NOT WRITE BELOW THIS LINE]

Payment Received: _____ Received By: _____
 Credit Card: _____ Date: _____
 Check Number: _____ Note: _____

**TO CONFIRM YOUR SPONSORSHIP OR FOR FURTHER INFORMATION,
 please contact Erin at erin@ncaied.org or call at 480.545.1298**